

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF Ernesto Santiago		COURT CASE NUMBER C.A. No 05-153 Erie	
DEFENDANT Warden, James Stterman		TYPE OF PROCESS Civil Rights Action	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN THE UNITED STATES ATTORNEY United States Courthouse and Post Office		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 700 Grant ST. Suite 400 Pittsburgh, PA 15219		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	28 USC-1331
Ernesto Santiago #90304038 P.O Box 8000 Bradford, PA 16701		Number of parties to be served in this case	3
		Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of: Ernesto Santiago	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER N/A	DATE 9-18-05
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No.	No.		

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode				
Address (complete only different than shown above)	<table border="1"> <tr> <td>Date 9/28/05</td> <td>Time <input type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> <tr> <td colspan="2">Signature of U.S. Marshal or Deputy [Signature]</td> </tr> </table>	Date 9/28/05	Time <input type="checkbox"/> am <input type="checkbox"/> pm	Signature of U.S. Marshal or Deputy [Signature]	
Date 9/28/05	Time <input type="checkbox"/> am <input type="checkbox"/> pm				
Signature of U.S. Marshal or Deputy [Signature]					

Service Fee for	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges for	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS: **SR mailed 9-28-05 9842 8019 7326**

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

2. Article Number



7160 3901 9842 8019 7326

3. Service Type CERTIFIED MAIL

4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:

THE UNITED STATES ATTORNEY
U.S. COURTHOUSE/ POST OFFICE
700 GRANT STREET, SUITE 400
PITTSBURGH, PA. 15219

3-153E,S/C,9/28/05,SRB

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

9-28-05

C. Signature

X *[Signature]*

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

TELEGRAPH

PS Form 3811, January 2003

Domestic Return Receipt